

# Request for PCS TRAVEL/Advance DLA

Please Note: This form is to be filled out, printed, then FAXed or mailed to your servicing PSD for processing

NAME  RATE/RANK  SSN

COMMAND  DUTY PHONE

## ADVANCE TRAVEL PAY DATA

DO YOU DESIRE ADVANCE TRAVEL PAY? YES ☐ NO ☐

DO YOU DESIRE ADVANCE DEPENDENT TRAVEL PAY? YES ☐ NO ☐

DO YOU DESIRE ADVANCE SCHOOL PER DIEM? YES ☐ NO ☐

DO YOU DESIRE ADVANCE DISLOCATION ALLOWANCE? YES ☐ NO ☐

## TRANSPORTATION DATA

ARE YOU TRAVELING BY: PRIVATELY OWNED VEHICLE (POV) ☐

\*\* LICENSE PLATE NUMBER  STATE

REQUESTING A SECOND POV ☐

\*\* LICENSE PLATE NUMBER  STATE

PLANE TICKET(S) ISSUED BY NAVPTO ☐

PURCHASING OWN PLANE TICKETS WITH GOVERNMENT TICKET RATE (GTR) ☐

COMMERCIAL BUS ☐

COMMERCIAL TRAIN ☐

TRAVELING FROM  TO

\* IF YOU CHECKED POV, ARE YOU: OWNER/OPERATOR ☐ OR PASSENGER ☐

\*\*IF REQUESTING TWO POV'S, INCLUDE COPIES OF BOTH REGISTRATIONS

## REQUEST FOR ADVANCE DISLOCATION ALLOWANCE (DLA)

### SINGLE DLA:

"I CERTIFY THAT THE USE OF GOVERNMENT QUARTERS AT MY NEW PERMANENT DUTY STATION UNDER

THE AUTHORITY SET FORTH IN 37 USC 403 (B), IS NOT PLANNED. IF PERMANENT GOVERNMENT QUARTERS ARE OCCUPIED, THE ADVANCE IS TO BE REPAID IMMEDIATELY." (Ref: JFTR Vol I)

**Signature of Member:**

**DLA WITH DEPENDENTS :**

"IN ACCORANCE WITH (JFTR), I CERTIFY THAT IT IS MY INTENTION TO RELOCATE MY DEPENDENTS ON (date)  FROM THEIR PRESENT LOCATION IN  TO , THE PLACE WHERE THEY WILL ESTABLISH A BONAFIDE RESIDENCE. I UNDERSTAND THAT IN THE EVENT MY DEPENDENTS DO NOT MOVE, REPAYMENT OF THE ADVANCE IS DUE IMMEDIATELY."

SPOUSE'S NAME  DATE OF MARRIAGE

DEPENDENT CHILD(CHILDRENS) NAMES / BIRTHDATE(S)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Signature of Member:**

Reset

